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CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL

Submit an original and a duplicate for fee processing.
(Only for Continuation or Divisional applications under 37 C.F.R. § 1.53(d))

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Address to:

Assistant Commissioner for Patents Box CPA Washington, DC 20231

| Attorney Docket No. of Prior Application | 1109 |
|---|------------------|
| First Named Inventor | Tao, Yumin |
| Examiner Name | Collins, Cynthia |
| Group/Art Unit | 1638 |
| Express Mail Label No. | EL213567170US |

| This is a request for a continuation or divisional application under 37 C.F.R. § 1.53(d), (continued prosecution application (CPA) of prior application number <u>09/496,444</u> , filed on <u>February 2, 2000</u> , | | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| entitled Cell Cycle Delynyslectides Delynostides and Llees Thoras | | | | | | | | |
| entitled <u>Cell Cycle Polynucleotides</u> , <u>Polypeptides and Uses Thereof</u> . | | | | | | | | |
| 1. | ☐ Enter the unentered amendment previously filed on under 37 C.F.R. §1.116 in the prior nonprovisional application. | | | | | | | |
| 2. A preliminary amendment is enclosed. | | | | | | | | |
| 3. | This application is filed by fewer than all the inventors named in the prior application, 37 C.F.R. §1.53(d)(4). a. DELETE the following inventor(s) named in the prior nonprovisional application: | | | | | | | |
| 4. | b. The inventor(s) to be deleted are set forth on a separate should be the composition of agent (PTO/SB/81) is enclosed. | | | | | | | |
| 5. | Information Disclosure Statement (IDS) is enclosed: a. PTO-1449 b. Copies of IDS Citations | | | | | | | |

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01 FC:131 02 FC:103 03 FC:102 740.00 CH 720.00 CH 336.00 CH

[Page 1 of 2]

| CLAIMS | (1) FOR | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE | (5) CA | ALCULATIONS | | | | |
|--|---|--------------------------|--|-----------------|-----------|----------------|--|---------------------------------------|--|--|
| | TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (j)) | 60 - 20* = | 40 | x \$ 18.00 = | | 720.00 | | | | |
| | INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) OR (l)) | 7 - 3**= | 4 | x \$ 84.00 = | | 336.00 | | | | |
| | MULTIPLE DEPENDENT (| | | + \$280.00 = | | 333.0 | | | | |
| | | | BASIC FEE (37 C.F.R. § 1.16) | | | \$ 740.00 | | | | |
| | | | | | | | | | | |
| | Reduction by 50% for filing | by small entity (Note 37 | Total of above Calculations = \$1,796.00 | | | | | | | |
| | * Reissue claims in excess of 20 a ** Reissue independent claims over | nd over original patent. | | | | | | | | |
| 6. Small | entity status: | | | 101712 | | 71,100.00 | | | | |
| a. A small entity statement is enclosed, if (b) and (c) do not apply. b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired. c. Is no longer claimed. | | | | | | | | | | |
| 7. The commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 16-1852: a. ☐ Fees required under 37 C.F.R. § 1.16 b. ☐ Fees required under 37 C.F.R. § 1.17 c. ☐ Fees required under 37 C.F.R. § 1.18 | | | | | | | | | | |
| 8. 🗌 A | check in the amount of | \$ | _ is enclosed. | | | | | | | |
| 9. 🛭 Ne | ew Attorney Docket Nur | mber, if desired: 11 | 09A | | | | | | | |
| 10. a. Receipt for Facsimile Transmitted CPA (PTO/SB/29A) | | | | | | | | | | |
| | Return Receipt Postca | ard. | | | | | | | | |
| 11. OI | ther: | | | | | | | | | |
| NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. | | | | | | | | | | |
| | | 10. NEW CORRES | SPONDENCE ADDRES | SS | | | | | | |
| | | | | | | | | | | |
| Custome | er Number or Bar Code Labe | | | or New correspo | onuence a | address below | | | | |
| (Insert Customer No. or Attach code label here) | | | | | | | | | | |
| NAME | Marianne H. Micl | hel | | | | | | | | |
| | | | | | | | | | | |
| ADDRESS | ADDRESS 7100 NW 62 nd Avenue | | | | | | | | | |
| PO Box 1000 | | | | | | | | | | |
| CITY | Johnston | STATE | IA | ZIP CODE | | 50131 | | · · · · · · · · · · · · · · · · · · · | | |
| COUNTRY | Y USA | TELEPHONE | (515) 334-4467 | FAX | (515) | (515) 334-6883 | | | | |
| 11. SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED | | | | | | | | | | |
| | Name (Print/Type) Marianne H. Michel | | | | | | | | | |
| | Signature Marianne H Mishel | | | | | | | | | |
| Registration No. 35,286 | | | | | | | | | | |
| Date December 18, 2001 | | | | | | | | | | |